INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

OCT 7 2022

FILED



In accordance with IC 4-2-6-9, you must file days after the conduct that gives rise to the agency appointing authority and ethics office General's website.	conflict. You must also include	е а сору с	of the notification provid	led to your				
Name (last)	Name (first)		Name (middle)					
McCullough	Matthew	lob ##-	Logan					
Name of office or agency FSSA- Vocational Rehabilitation		Job title Vocational Rehabilitation Counselor						
Address of office (number and street) 201 E Charles St.		City Muncie		ZIP code 47305				
Office telephone number (765) 282-9863	Office e-mail address (required) matthew.mccullough@fssa.							
Describe the conflict of interest:		·····						
Mr. McCullough works for FSSA Vocational	Rehabilitation Agency. The Ag	ency prov	ides individualized serv	ices to individuals				
with disabilities to obtain and maintain employment. Mr. McCullough's wife, Taylor McCullough, is seeking to be a vendor								
contracted through Vocational Rehabilitation	. She is seeking a contract to p	rovide one	-on-one Braille Training	, Mr. McCullough				
could have a potential conflict of interest	in this matter as he has the	potential t	o serve individuals wh	no need				
one on one braille training.								

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Describe the screen established by your ethics officer: (Attach additional pages as needed.) See attached	
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AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, complete, and corr knowledge and belief. In addition to this form, you have attached a copy of your written dis	ect to the best of your closure to your agency
appointing authority and ethics officer.	
Signature of state officer, employed or special state appointee	Date signed (month, day, year) 9-22-2022
Printed full name of state officer, employee or special state appointee	
Matthew Logan McCullough	
FOR ETHICS OFFICER USE ONLY	
Your signature below affirms that you have reviewed this disclosure form and that it is true,	complete, and correct to the
best of your knowledge and belief. You also attest that your agency has implemented the s Signature of ethios officer	
	Date signed (month, day, year) 9/22/22
Printed full name of ethics officer	

CONFLICT OF INTEREST SCREEN FOR LOGAN MCCULLOUGH

I. RECITALS

Logan McCullough is an Intake Vocational Rehabilitation Counselor with the Vocational Rehabilitation Program ("VR") for the Division of Disability and Rehabilitative Services ("DDRS"); and

Taylor McCullough, Logan McCullough's Wife is a certified one-on-one Braille trainer certified through the National Certification in Unified English Braille ("NCUEB") process; and

Taylor McCullough is the only known NCUEB certified individual in the state of Indiana and wishes to contract with VR to provide one-on-one Braille training to VR participants; and

As an intake and general VR counselor, without further screening, Logan McCullough could have potential to refer applicants or participants seeking one-on-one Braille training to Taylor McCullough as the only known certified provider of this service; and

Any direct referral from Logan McCullough to Taylor McCullough of VR applicants or participants for one-on-one Braille training could create a conflict of interest under IC 4-2-6-9 or implicate the ethics code as to Nepotism pursuant to IC 4-2-6-16; and

An appropriate screen as detailed below would resolve potential ethics code concerns; and

Logan McCullough, for his remaining tenure with the Vocational Rehabilitation Program under the Division of Disability and Rehabilitative Services, agrees to in all ways follow, adhere to, and satisfy the terms of the following Conflict of Interest Screen.

II. CONFLICT OF INTEREST SCREEN

- 1. Logan McCullough shall not participate in any decision or vote, or any matter related to such decision or vote, in which Taylor McCullough could have a financial interest.
- 2. Logan McCullough will not have a direct financial interest in any contract between Taylor McCullough and VR and/or DDRS.
- 3. A two-tier screening process is implemented as follows for intake applicants and participants in Logan McCullough's counseling Area (Area 11 in Municie) or other area where he may be providing services:
 - a. First, Logan McCullough's supervisor will screen all applicants to be assigned to intake counselors in Area 11 and pull any applicants with a primary diagnosis of Blindness or Visual Impairments and assign those applicants to either another intake counselor or a Specialty Counselor specifically coordinating applicants and participants who are Blind or Visually Impaired; and
 - b. Second, should Logan McCullough learn, at any point in the intake or general counseling process, that someone has a diagnosis of Blindness or Visual Impairment, or otherwise requests information on services related to Blindness or Visual Impairment, Logan McCullough will advise the applicant or participant that he will refer them to a Specialty Counselor who coordinates on matters related to Blindness and Visual Impairment, and Logan McCullough will not continue to counsel these applicants or participants nor make any referrals or suggestions relating to Braille training.
- 4. That once an applicant or participant is reassigned through the two-tiered process noted in paragraph three (3), Logan McCullough will be screened from involvement in the counseling or service referral process related to those individuals. The Specialty Counselor or other VR counselor will not include Logan McCullough in conversations related to those applicants or participants, and he will be screened from additional information related to services or referrals.
- 5. Logan McCullough will not oversee the pick list for Braille training providers and will not supervise or address any quality and outcomes issues related to Taylor McCullough, nor will be be involved in the negotiation, administration,

or coordination of any vendor contract between Taylor McCullough and VR and/or DDRS. Logan McCullough will not review or approve vendors of Braille training, and that will be coordinated by the Director of Program Improvement for the Bureau of Rehabilitation Services.

III. EMPLOYEE AFFIRMATION

I have read and understand the terms of the foregoing Conflict of Interest Screen, and will in all ways follow, adhere to, and satisfy the above stated restrictions and parameters during my tenure with VR and DDRS. I have shared and discussed this Conflict of Interest Screen and its requirements with my supervisor.

Executed and agreed this \\ \frac{3}{200} \tag{\text{th}} \day of \(\frac{56}{200} \) \(\frac{1}{200} \) by:

Logan McCullough

From:

<u>Keves, Jessica K</u>

To:

Keyes, Jessica K

Subject:

FW: Conflicts of Interest Disclosure form and Screen (SEC presented)

Date:

Thursday, October 6, 2022 7:08:15 PM

From: Rusyniak, Daniel E (Dan) < Daniel. Rusyniak @fssa. IN.gov>

Sent: Thursday, September 22, 2022 2:46 PM

To: Marshall, Cathrine (Cate) < Cathrine. Marshall@fssa. IN.gov>

Subject: RE: Conflicts of Interest Disclosure form and Screen (SEC presented)

I have reviewed.

Dan Rusyniak, MD Secretary, Indiana Family and Social Services Administration 402 W Washington Street, W461 Indianapolis, IN 46204 Daniel.Rusyniak@FSSA.IN.gov 317-233-7447 (office) 317-618-3092 (cell) @drusyniak @FSSAIndiana